

Form 1 of 3



SECTION 287.804 – EMPLOYEE'S APPLICATION FOR RELIGIOUS EXCEPTION FROM THE PROVISIONS OF THE MISSOURI WORKERS' COMPENSATION LAW



Must be filed along with the Employee's Affidavit and Waiver of Workers' Compensation Benefits and the Employer's Affidavit of Exception from Workers' Compensation Benefits.

Name of Employee (Last, First, MI)	SSN		Date of Birth (MM/DD/YYYY)
Mailing Address – Street			Phone Number
City County	y	State	Zip Code (9-Digit)
1. Name of Employer			
2. Address of Employer			
3. Employer is Sole Proprietor Partnership 4. (a) Total number of all persons employed by the employer a	s of the date of application		
(b) Total number of employees for whom exception is sough	nt		
5. What is the employer's current workers' compensation insur Insured Uninsured 6. If insured, insurance company name	rance coverage status?		
7. (a) Full name of religious sect including division thereof			
(b) Name and address of local leader of the religious sect na	med in (a)		
(c) Does this religious sect provide financial and medical ass	sistance for injured members ar	nd their dependents	?
8. Section 287.804.4 RSMo states as follows: Any rejection pursuant to subsection 1 of this entitle the employee only to reject such benefit form is received by the insurance company.			
9. Signature of Employee (or Parent or Guardian in case of many)	inor) (Relationship to minor)		Date
10. Division Use Only: Date Stamp:	Application has all Application grante Application return	ed:	
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